

MEDICAL ONCOLOGY

Provider Orientation Session for Oscar

Submitting Requests

How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax.
- **Available 24/7.**
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

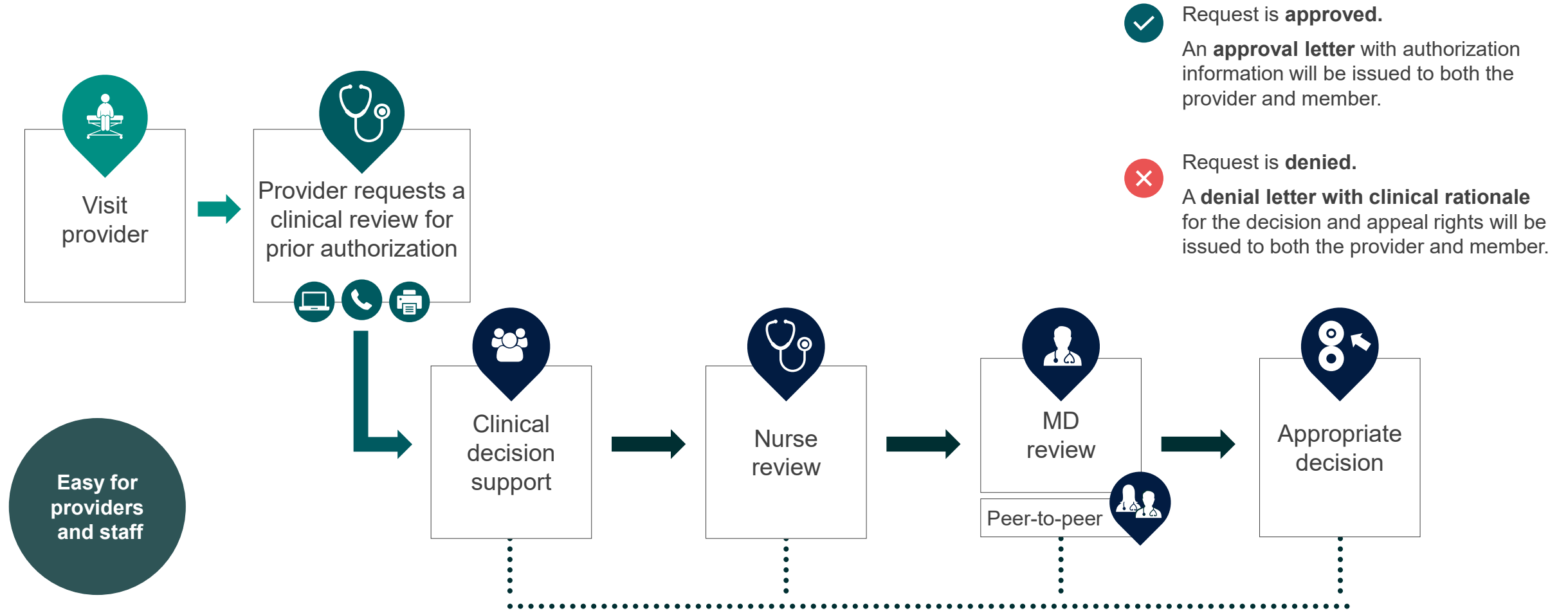
To access the EviCore Provider Portal, visit www.EviCore.com



Phone: 855-252-1118
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

Utilization Management | Prior Authorization



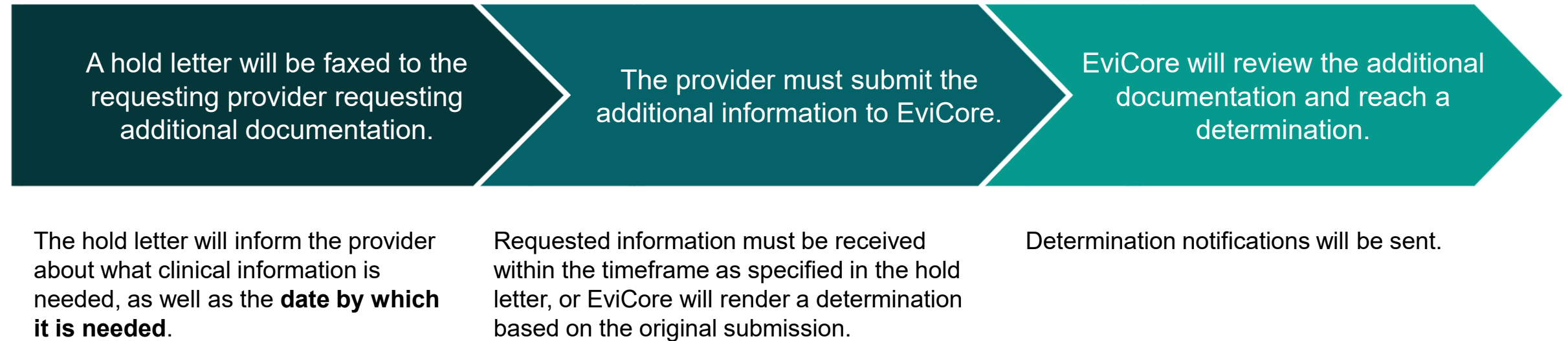
Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



Information needed

The following information must be provided to initiate the Lab prior authorization request:

Nonclinical information

- + Member Name and date of birth
- + Member Identification Number
- + Referring provider name and address
- + Laboratory Name and address
- + Both provider's National Provider Identification (NPI) Number
- + Phone and Fax Numbers
- + Tax Identification Number (TIN)

Clinical information

- + Details about the test being performed (test name, description and/or unique identifier)
- + All information required by applicable policy
- + Test indication, including any applicable signs and symptoms or other reasons for testing
- + Any applicable test results (laboratory, imaging, pathology, etc.)
- + Any applicable family history
- + How test results will impact patient care

EviCore requires verification elements on clinical documentation when submitted. The member's name (first and last) and one additional identifier: Member's date of birth, the member identification number or the member's driver's license number or other government-issued ID.

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are typically valid for 6 to 12 months depending on the from the date of approval.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



Special Circumstances

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.



Special Circumstances

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at 855-252-1118
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



Post-Decision Options

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **888-333-8641** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select “All Post Decisions” under the authorization lookup function on **EviCore.com** to see available options.



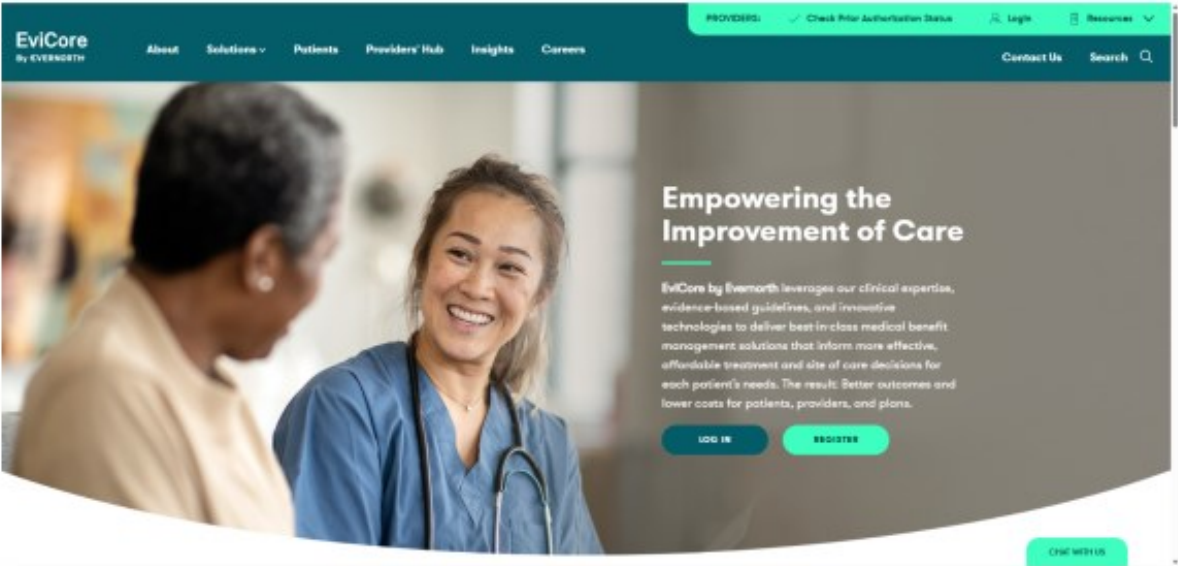
Reconsiderations

- Reconsiderations must be requested within 7 business days after the determination date.
- Reconsiderations can be requested verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- Requests for appeals must be submitted in writing to EviCore **within 180 days** of the initial determination.
- A written notice of the appeal decision will be **mailed** to the member and **faxed** to the provider.

Provider Experience – Medical Oncology Submission



Providers will log in through the eviCore healthcare portal

Welcome

Log in with your EviCore account

Forgot username?

Next

Register

Enter your password

Edit

Password*

👁

☒ I agree to [HIPAA Disclosure](#)

Forgot password?

Continue

Provider Experience – Case Submission

Once logged in, the worklist of a user's prior requests are visible. To create a new prior authorization, select 'Request an Authorization'

EviCore
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Authorization LookupRequest An AuthorizationWorklistPortalsHelp / ContactUser AccessHello, Test Account

My Worklist

PendingApprovedPartially ApprovedDeniedCancelledAll Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

CareCore

- View in progress and pharmacy requests
- Manage your account
- MSK PPS

MedSolutions

- View in progress requests
- Manage your account
- Claims search
- Payment status
- Post acute care

Feedback

Provider Experience – Case Submission

EviCore

By EVERNORTH

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Perf. Summary Portal](#) [Resources](#) [Manage Your Account](#) [MedSolutions Portal](#) [Unified Dashboard](#)

Monday, February 23, 2026 12:09 PM

Welcome to the CareCore National Web Portal. You are logged in as **AMYUAT**.



REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☒ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☐ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Other Services [?]
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

Select option to “Request an Auth” and then the program.

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Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:*

☒ Receive email notification of case status changes

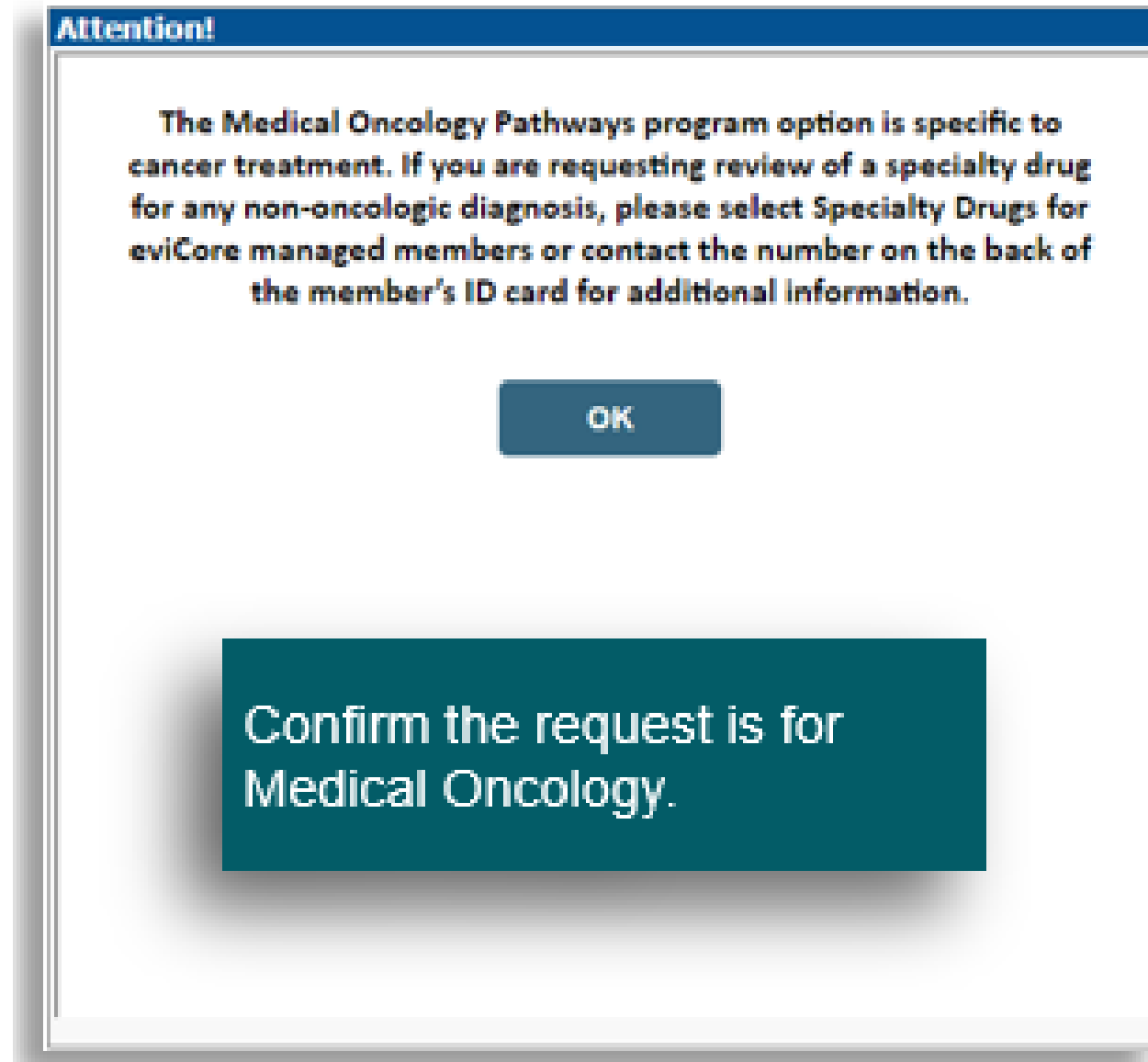
Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

Confirm or enter contact information to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Medical Oncology Case Submission



Provider Experience – Medical Oncology Case Submission

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

PLAN-X ▾

2588 HAYMAKER RD ▾

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Take note of any important messages
and confirm the provider address.

Provider Experience – Medical Oncology Case Submission

Add Your Contact Info

Provider's Name:*

Who to Contact:*

Fax:*

Phone:*

Ext.:*

Cell Phone:

Email: MedOncProgramOps@evi

☒ Receive notification of case status changes

[Click here for help](#)

[BACK](#) [CONTINUE](#)

carriers.carecorenational.com says

Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

OK

Confirm or enter contact information to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Medical Oncology Case Submission

Patient Eligibility Lookup

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Current Patients

Filter by Physician

All Providers

(type to filter)

User or provider has no patients

New Patient Registration

Provider: _____

Health Plan: PLAN-X

Member ID: 123456789

Date of Birth: 1/1/1901

Name: Jane Doe

City, State: Verona, NJ

Do you want to continue with this patient?

Register a new patient or select an existing patient from the drop-down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click "Yes" to continue.

Provider Experience – Medical Oncology Case Submission

Attention!

Patient ID: 123456789

Time: 1/24/2024 2:28 PM

Patient Name: Jane Doe

Please provide the patient's best contact number including area code.

(555)555-5555

SUBMIT

Provide the patient's best contact number. Click "submit" to continue.

Provider Experience – Medical Oncology Case Submission

Clinical Certification

Jane Doe
123 Smith Street
Town, PA 12345

01/01/1901
Age: 35
Female

Insurer ID: 123456789

NEW REVIEW

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

Reviews								
Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status		
1/29/2024	BELICENA, MARIA	1184813089	Undetermined	Primary	Undetermined	Expired		VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

Provider Experience – Medical Oncology Case Submission

Attention!

Patient ID : 123456789

Time: 3/4/2019 2:02 PM

Patient Name: Jane Doe

What is the anticipated start date of treatment? MM/DD/YYYY

SUBMIT

Enter:
Start Date of Treatment
Take note of important message
describing CHEMO and SPORT.

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

OK

Provider Experience – Medical Oncology Case Submission

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. CHANGE

Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO

CHEMOTHERAPY

Don't see your procedure code or type of service? [Click here](#)
Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

colon

LOOKUP

	Diagnosis Code	Description
SELECT	153.1	Malignant neoplasm of transverse colon
SELECT	153.2	Malignant neoplasm of descending colon
SELECT	153.3	Malignant neoplasm of sigmoid colon

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. CHANGE

Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO

CHEMOTHERAPY

Don't see your procedure code or type of service? [Click here](#)
Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Primary Diagnosis Code: **153.1**
Description: **Malignant neoplasm of transverse colon**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Medical Oncology Pathways

LOOKUP

BACK

CONTINUE

Select ICD10 by entering code or description.
Select "Continue".

Provider Experience – Medical Oncology Case Submission

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/26/2024
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: 153.1
Primary Diagnosis: Malignant neoplasm of transverse colon
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Yes

No

- Confirm the information entered or use the 'change' links to go back and make corrections as needed.
- Answer if treatments will be billed under the same TIN as the ordering provider.

Provider Experience – Medical Oncology Case Submission

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial your entry.

NPI:

5063644790

Zip Code:

34613

TIN:

City:

LOOKUP SITE

	Name	Address
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10085 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10085 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613

BACK

Distinct rendering site or facility can be entered if needed.
Multiple lookup options are available.
Network logic can be applied as needed.

Add Site of Service

Selected Site: BELICENA MARIA

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

Enter an email for communication if desired.

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Provider Experience – Medical Oncology Case Submission

Attention!

Please ask the caller to provide a Fax number In order to proceed with the selection. Did the caller provided a number?

YES **NO**

Attention!

If the caller did not provide any number, click on Unknown. Otherwise enter the Phone/Fax number and click on Submit

Fax:

SUBMIT **UNKNOWN**

Provide fax number if known.

Provider Experience – Medical Oncology Case Submission

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.

Provider Name:		Contact:	B
Provider Address:		Phone Number:	(352) 596-4660
		Fax Number:	(352) 555-5555
Patient Name:	Jane Doe	Patient Id:	123456789
Insurance Carrier:	Insurer		
Site Name:		Site ID:	NPUKQ
Site Address:			
Primary Diagnosis Code:	153.1	Description:	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:		Description:	
Date of Service:	1/31/2024	Description:	CHEMOTHERAPY
CPT Code:	CHEMO		
Case Number:	1184813089		
Review Date:	1/29/2024 12:26:26 PM		
Expiration Date:	N/A		
Status:	The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Continue if "Summary" looks correct.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. For all of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.

BACK

CONTINUE

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Answer if the request is “Routine/Standard”. If no, select “Urgency Indicator”.

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient’s ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Indicate the Cancer Type:

Anal

Bladder

Bone

Brain and Spinal Cord Tumors (CNS Tumors)

Breast

Breast Cancer Risk Reduction

Cervical Cancer

Cholangiocarcinoma

Colon/Rectal Cancer

Endometrial Cancer

Ewing's Sarcoma

Gallbladder Cancer

Gastro/Esophageal Cancer

Gastrointestinal Stromal Tumors (GIST)

Gestational Trophoblastic Neoplasia (GTN)

Hairy Cell Leukemia

Head and Neck Cancers

Hepatoblastoma

Hepatocellular (Liver) Cancer

Other (specify)

Please click Submit

☐ Finish Later

Did you know?
You can save a certification request to finish later.

The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens.

All cancer types covered by NCCN are available and an "Other" option is included for rare cancers not addressed by NCCN.

The request can also be completed later, if needed.

Provider Experience – Medical Oncology Case Submission

Confirm any exclusions,
which may direct the user
back to the HealthPlan.

Proceed to Clinical Information

 Please select all of the following that apply:

- ☐ The patient is participating in a clinical trial that includes cancer treatment drugs
- ☐ The requested drug is being used to treat a condition other than cancer
- ☐ The treatment will be administered inpatient
- ☐ CAR-T Therapy
- ☐ This request is for a Stem Cell Transplant conditioning regimen
- ☐ None of the above

SUBMIT

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

 Please select the Place of Service for this request:

- ☒ Off Campus-Outpatient Hospital
- ☐ Office
- ☐ On Campus-Outpatient Hospital
- ☐ Outpatient Home

SUBMIT

Confirm Place of Service.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

1 Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?

☒ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 Has the disease persisted, progressed or recurred?

☒ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

SUBMIT

Proceed to Clinical Information

Most recent entry for this patient: None

1 What is the histology of the cancer?

- ☐ Papillary carcinoma
- ☐ Follicular carcinoma
- ☐ Oncocytic cell carcinoma
- ☐ Medullary carcinoma
- ☐ Anaplastic carcinoma

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

The National Comprehensive Cancer Network® (NCCN®) believes that the best management for any patient with cancer is in a clinical trial and that participation in clinical trials is especially encouraged. In some situations, trial participation may not be included in the patient's benefit plan design.

The following list represents potential treatment clinical trial matches in active and open enrollment status for this patient based on a search of the National Cancer Institute's (NCI) clinical trial database using the information gathered in this prior authorization request.

Trials are sorted in order of proximity between the patient's ZIP code and the nearest participating provider. This search result is limited to a maximum of 50. Please visit the NCI website www.cancer.gov if you would like to expand your search. By default, the following search result is filtered to Phase 2 and 3 clinical trials. You may customize the search result to particular states and clinical trial phases using the filters below.

If you would like more information on any of the clinical trials displayed, select the clinical trial(s) of interest, using the checkbox on the left and click "SUBMIT" to have more information sent to you. You may also click on the corresponding Trial ID and a new browser window will open with more information on that trial.

If you do not wish to receive more information on any clinical trials, click "SUBMIT" to continue without selecting any of the checkboxes.

If your patient's tumor contains a genetic abnormality, the MATCH (NCT02465060) and TAPUR (NCT02693535) clinical trials offer investigational targeted drug therapies for a wide variety of cancers.

Links

- [MATCH](#)
- [TAPUR](#)



SUBMIT

Information about relevant clinical trials is presented, if applicable.

Provider Experience – Medical Oncology Case Submission

All NCCN recommended treatments are displayed. If an NCCN regimen is selected, the request will be approved. There is an option to create a custom treatment plan, which may result in clinical review.

Proceed to Clinical Information

The treatment options listed below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted. Febrile Neutropenia and Emetic Risk are sourced from the NCCN Guidelines and supplemented by supporting literature.

By selecting an NCCN regimen you will be granted an immediate authorization.* If a Pathway regimen is not selected, a peer consultation with an eviCore Medical Director may be required.

*Other policies may apply in select situations.

You will be given the ability to select biosimilar products – when available – after first selecting your regimen below.

Select Treatment Option:

Regimen	Pathway	Febrile Neutropenia Risk	Emetic Risk
☐ VAlA: (Vincristine + Doxorubicin (alternating with Dactinomycin + Ifosfamide + mesna)	☐	High	High
☐ VDC/IE (Vincristine + Doxorubicin HCL + Cyclophosphamide + Ifosfamide + Etoposide)	☐	High	High
☐ VIDE (Vincristine + Ifosfamide + Doxorubicin HCL (or Dactinomycin) + Etoposide)	☐	High	High
☐ Build a Custom Treatment Plan (May Require Additional Clinical Review)			

SUBMIT

*The system is designed to managed injectable chemotherapy only or injectable + oral chemotherapy
This will be decided as part of the program design conversation.*

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next screen.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please select "Other" and provide the drug name and administration schedule.

Drug List:

- ☒ 5-Fluorouracil (Adrucil, 5FU, 5FU, Adrucil)
- ☐ SFU (5-Fluorouracil)
- ☐ SFU (5-Fluorouracil)
- ☐ Abemaciclib - oral (Verzenio)
- ☐ Abiraterone Acetate - oral (Zytiga, Zytiga)
- ☐ Abiraterone Acetate - oral (Zytiga, Zytiga), Yonasa
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Acalabrutinib - oral (Calquence, Calquence)
- ☐ Actemra (Tocilizumab)
- ☐ Actimmune (Interferon, gamma-1b)
- ☐ Adagrasib - oral (Krazati)
- ☐ Adcetris (Brentuximab Vedotin)
- ☐ Adu-Trastuzumab Emtansine (Kadcyla)
- ☐ Adriamycin (Doxorubicin HCL)
- ☐ Adrucil (5-Fluorouracil)
- ☐ Adrucil (5-Fluorouracil)

- ☐ Lynparza (Olaparib - oral)
- ☐ Lynparza (Olaparib - oral)
- ☐ Lytgobi (Futibatinib - oral)
- ☐ Lytgobi (Futibatinib - oral)
- ☐ Margetuximab-cmkb
- ☐ Margetuximab-cmkb (Mab)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mektovi (Binimetinib - oral)
- ☐ Mektovi (Binimetinib - oral)
- ☐ Melphalan HCL - Inj (Alker)
- ☐ Melphalan HCL (Evomela)
- ☐ Methotrexate (accord)
- ☐ Midostaurin - oral (Rydapt)
- ☐ Minretuximab Soravtansin
- ☐ Mitomycin (Jelmyto)
- ☐ Mitomycin (Mutamycin, M)
- ☐ Mitoxana (Ifosfamide)

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop-down list and the user can attach or enter supporting information for the request.

Proceed to Clinical Information

Is there any additional clinical information you would like to submit at this time?

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below

- Attach documentation to case

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Click "Submit" if you have no additional clinical information to add at this time.

Enter supporting Clinical information in the field below:

You may attach up to 5 documents no larger than 5 MB each (25 MB total). Click "Browse" to select the document from your desktop or other network location.

Allowable file formats:

DOC, DOCX, PDF, JPG, JPEG, TIF, TXT

Attach a document:

Choose File to file chosen

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

ⓘ Patient height in inches:

ⓘ Patient weight in pounds:

SUBMIT

Proceed to Clinical Information

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

SUBMIT

Proceed to Clinical Information

☒ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

[Click here for help](#)

Continue answering additional questions and confirm accuracy.

Provider Experience – Medical Oncology Case Submission

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been APPROVED.

The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:

Provider Address:

Contact:

Phone Number:

Fax Number:

8

(555) 555-5555

(555) 555-5555

Patient Name:

Insurance Carrier:

Jane Doe

Insurer

Patient Id:

123456789

Site Name:

Site Address:

Site ID:

00L22K

Primary Diagnosis Code:

Secondary Diagnosis Code:

Date of Service:

HCPDS Code(s):

Authorization Number:

Review Date:

Expiration Date:

Status:

C50.412

2/2/2024

J9267, Q5114

A200580140

1/30/2024 1:59:59 PM

4/2/2025

Your case has been APPROVED.

Description:

Description:

Drug(s):

Malignant neoplasm of upper-outer quadran

PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

“Request for Supportive” drugs can be initiated here.

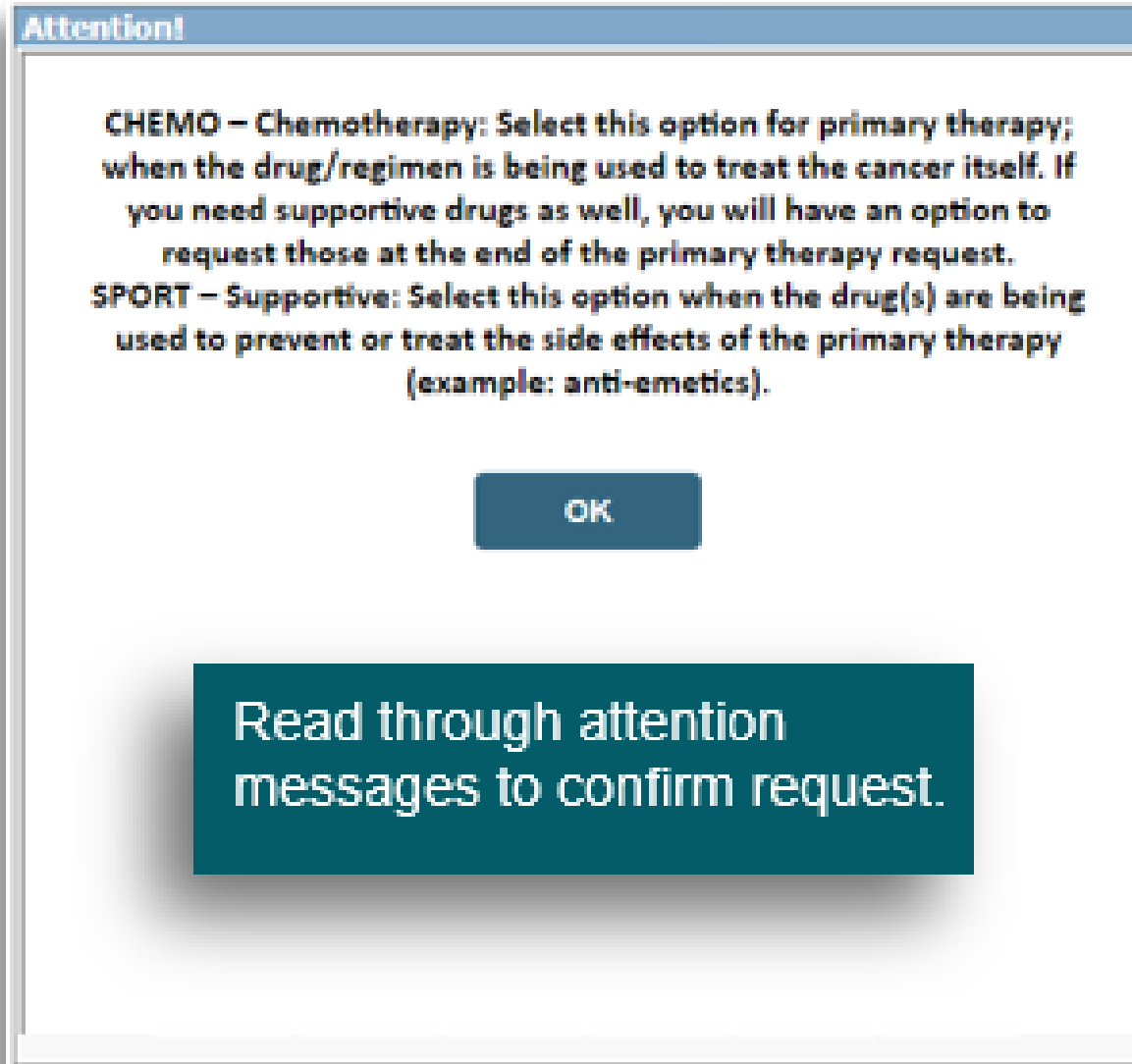
Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

EviCore
By EVERNORTH

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Provider Experience – Case Submission - Supportives



Provider Experience – Case Submission - Supportives

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/31/2024
Medical Oncology Pathways: SPORT
Description: SUPPORTIVE THERAPIES
Primary Diagnosis Code: C11.1
Primary Diagnosis: Malignant neoplasm of posterior wall of nasopharynx
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

If "Request Supportives" is selected, a new case is started, and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case.

Click Continue to proceed to the clinical portion of the request

Provider Experience – Case Submission - Supportives

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Indicate if treatments will be billed under same tax ID number as ordering provider.

Provider Experience – Case Submission - Supportives

Proceed to Clinical Information

① Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

Proceed to Clinical Information

① Which class of drugs do you intend to treat with?

☒ Antiemetic agents

☐ Other supportive agents (such as erythropoiesis-stimul

SUBMIT

Proceed to Clinical Information

① Indicate the requested supportive agent:

Bevacizumab (Alymsys)

Bevacizumab (Mvasi)

Bevacizumab (Vegzelma)

Bevacizumab (Zirabev)

Burosumab (Crysvita)

Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS

Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS

Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE

Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE

Denosumab (Prolia)

Denosumab (Xgeva) MONTHLY

Denosumab (Xgeva) MONTHLY and DAY 8, 15

Dronabinol (Syndros) Oral Solution

Eflapegrastim-xnst (Rebvedon)

3 TIMES PER WEEK

ONCE EVERY 2 WEEKS

ONCE EVERY 3 WEEKS

WEEKLY

TIMES PER WEEK

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

Provider Resources

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application.

Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be re-sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

ECRM is available **24/7**. Users can login or register **[HERE](#)**.

Provider Resource Website

ECRM Support

- Email: ECRMSupport@EviCore.com

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Providers' Hub](#).

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By EVERNORTH



Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

Provider's Hub > Scroll to EviCore Provider Orientation
Session Registrations > Upcoming

EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff with the prior authorization process.

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit EviCore.com.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address



Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →

Thank You

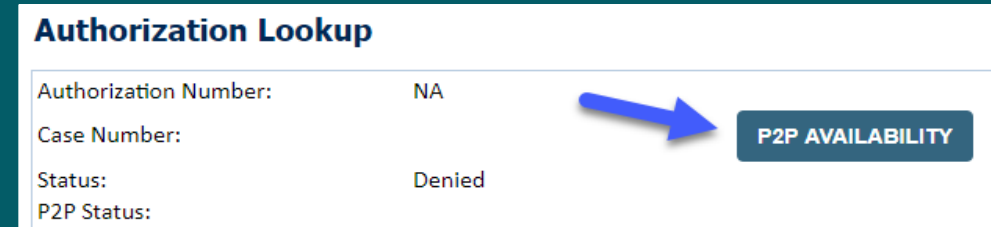
Appendix

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

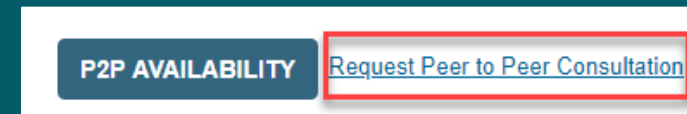
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.*



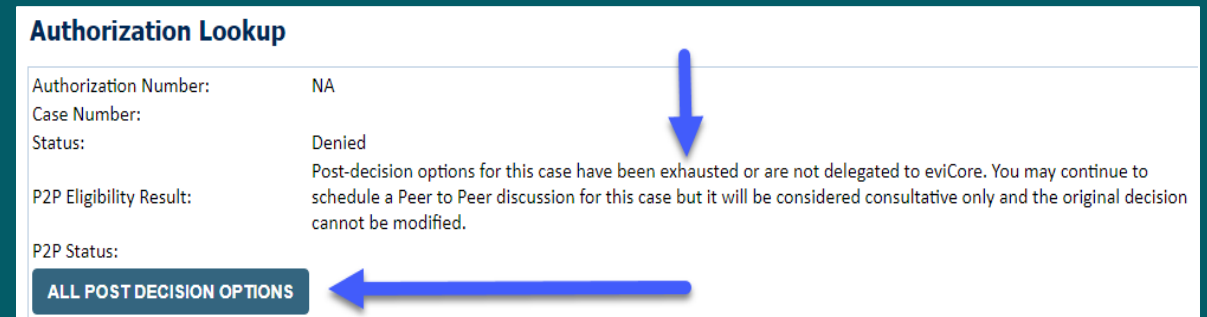
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY



P2P AVAILABILITY [Request Peer to Peer Consultation](#)



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case details, a 'Continue' button, and a 'P2P Eligible' status.

Top Screenshot: New P2P Request

Case Reference Number: (Case information will auto-populate from prior lookup)

Member Date of Birth:

[+ Add Another Case](#)

[Lookup Cases >](#)

Bottom Screenshot: New P2P Request

Case Ref #: [Remove](#) ✓ P2P Eligible

Member Information

Name
DOB
State
Health Plan
Member ID

Case P2P Information

Episode ID	
P2P Valid Until	2020-11-11
Modality	MSK Spine Surgery
Level of Review	Reconsideration P2P
System Name	ImageOne

[Continue](#)

Schedule a P2P

1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
2. Select any of the listed appointment times to continue.
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT						
6:45 pm EDT						

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT			
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT			
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT			
Show more...	Show more...	Show more...	Show more...			

Schedule a P2P

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to it), 'Contact Person Name', 'Contact Person Location' (a dropdown menu), 'Phone Number for P2P' (with a blue arrow pointing to it), 'Phone Ext.' (with a blue arrow pointing to it), 'Alternate Phone', 'Phone Ext.' (with a blue arrow pointing to it), 'Requesting Provider Email', and 'Contact Instructions' (with a blue arrow pointing to it). A 'Submit' button is located at the bottom right of the form.

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A box contains the appointment details: a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, the word 'SCHEDULED' is written in blue capital letters and is circled in red.

P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

Appointment Details
 Fri 5/24/2024
 7:00 am PDT
 Tamara Fackler

Who will be performing the P2P consultation? *Required*
☐ Requesting Provider
☐ Contact Person
☐ Someone else

 PROVIDER

Name of Referring Physician on Case *Required*

Credential *Required*
Select...

 CONTACT PERSON

Contact First Name *Required*

Contact Last Name *Required*

Contact Person Location *Required*

Select...

Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

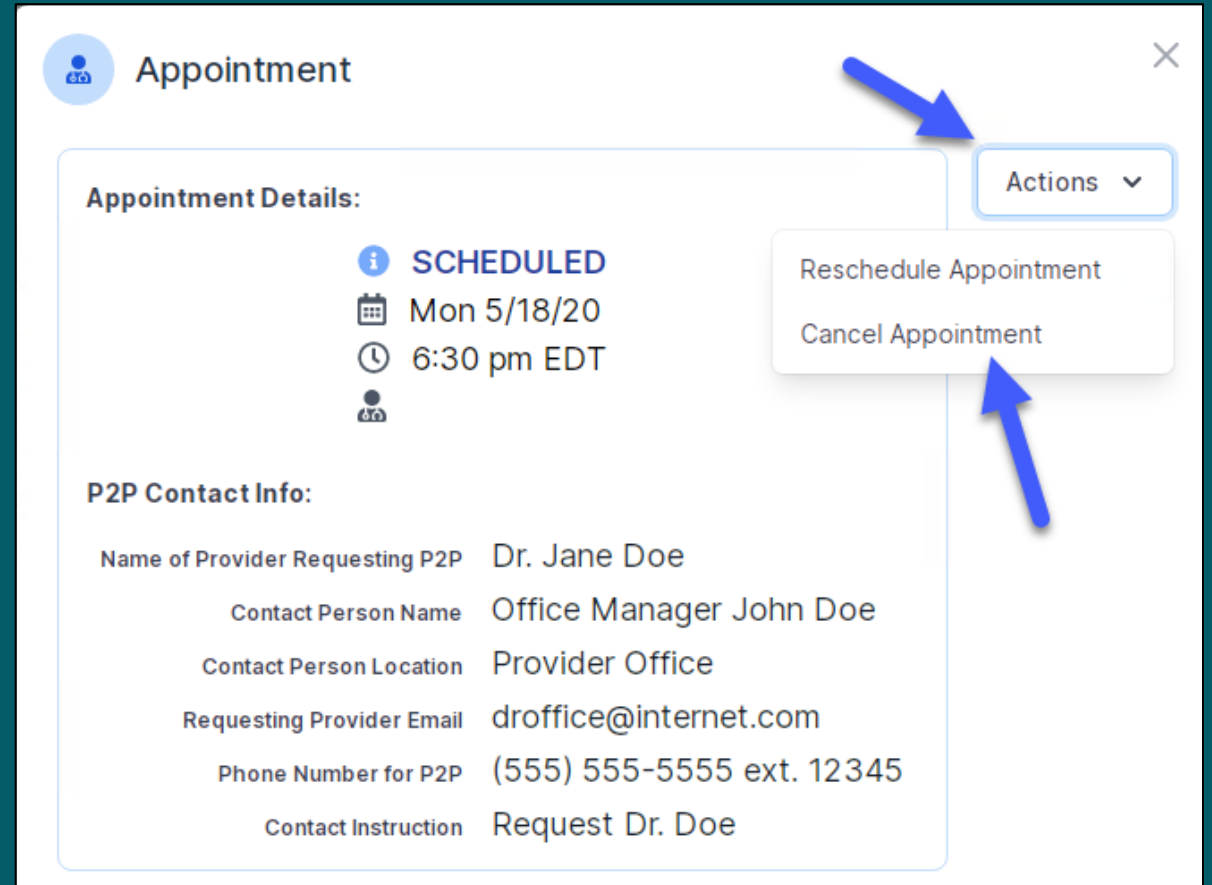
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. Click on the **Actions** drop-down and choose the appropriate action:
 - + **If choosing to reschedule**, select a new date or time as you did initially.
 - + **If choosing to cancel**, input a cancellation reason.
5. Close the browser once finished.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) and the word "SCHEDULED" in blue, followed by a calendar icon and "Mon 5/18/20", a clock icon and "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table of contact information. To the right of the "Appointment Details:" section is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown menu.

P2P Contact Info:	
Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe